

I. Applicant Profile

A. New Application for Funding as a Legal Services Project <input type="checkbox"/>		<i>(choose one)</i>
B. Application for Renewal of Funding as a Legal Services Project <input type="checkbox"/>		
1. Organization Name: aka/dba:		
2. Street Address:	Mailing Address:	
3. Telephone: () - Fax: () -	4. Website:	
5. Branch Offices:	6. County(ies) Served:	
7. Staff Director:		
Title:	Signature: <u> X </u> Direct Telephone Number: () - Ext. E-mail Address:	
8. Second Contact Person:		
Contact Person's Title:	Direct Telephone Number: () - Ext. E-mail Address:	
9. Fiscal Contact Person:		
Fiscal Contact's Title:	Direct Telephone Number: () - Ext. E-mail Address:	
10. Chairperson of Governing Board:		
Business Address:	Signature: <u> X </u> Direct Telephone Number: () - Ext. E-mail Address:	

11. ☐ Check here if any of the above information has changed since your last application.

II. Description of Organization

Applicant Name: _____

Describe your program and its total organizational activities. Include information regarding your client population and service area(s). Identify your functional activities (representation of clients, community outreach and education, legislative and administrative representation, training and support), your service priorities and the mechanism(s) used to deliver services. Describe any changes that were made to your program's priorities or service area(s) in the last calendar year.

III. Eligibility Criteria for Legal Services Projects

Applicant Name: _____

A. Applicant is: (choose one)

- ☐ 1. A nonprofit corporation that provides civil legal services to the indigent without charge as its primary purpose and function.
- ☐ 2. An identifiable unit of a law school accredited by The State Bar of California that provides civil legal services to the indigent without charge as its primary purpose and function and has operated for at least two years at a cost of at least \$20,000 per year. (*Enclose a letter from the law school dean describing the program's two-year history.*)

B. Applicant is: (choose one)

- ☐ 1. A recipient of Legal Services Corporation funds. (*Enclose LSC grant award letter.*)
- ☐ 2. A recipient of Older Americans Act funds through an Area Agency on Aging. (*Enclose contract or determination letter indicating amount of award.*)
- ☐ 3. A recipient of Legal Services Corporation funds through an LSC-approved contract with another agency funded directly by the LSC. (*Enclose contract or determination letter indicating amount of award.*)
- ☐ 4. A recipient of Older Americans Act funds through an AAA-approved contract with another agency funded directly by an Area Agency on Aging. (*Enclose contract or determination letter indicating amount of award.*)
- ☐ 5. A project that receives at least \$20,000 annual cash funds from sources other than the Legal Services Trust Fund Program to support free legal representation to indigent persons and can show community support for the program and recruits substantial numbers of attorneys in private practice who serve without compensation in providing legal services without charge to indigent persons or to qualified legal service projects. (*Complete Form III-A. Also complete Form III-B if applicable.*)
- ☐ 6. A project that receives at least \$20,000 annual cash funds from sources other than the Legal Services Trust Fund Program to support free legal representation to indigent persons and can show community support for the program and provides legal representation, training or technical assistance on matters concerning indigent special client groups. (*Complete Form III-A.*)

C. Does applicant coordinate the recruitment of substantial numbers of attorneys in private practice to provide free legal representation to indigent persons or to qualified legal services projects as its principal means of delivering legal services?

- ☐ 1. Yes. (*Complete Form III-A, Parts A and B. Also complete a separate Form III-B for each county for which you are applying for an additional allocation.*)
- ☐ 2. No.

III-A. Additional Requirements for Projects Applying Under the \$20,000 Eligibility Criteria

Applicant Name: _____

To be completed by all applicants who checked boxes B.5. or B.6. on Form III – *Eligibility Criteria for Legal Service Projects*.

Part A. Income and Community Support.

1. Does Form IX demonstrate at least \$20,000 in annual cash funds from sources other than the Trust Fund Program to support the provision of civil legal services without charge to indigent persons?
☐ Yes ☐ No
2. If funds from local sources shown on Form IX total less than \$20,000 per year, describe other community support for the operation of a viable ongoing program. [See Eligibility Guideline 2.6.2.]

Part B. Special Services Requirement.

Submit the requested information for the special service that is provided by your program.

1. The applicant recruits substantial numbers of attorneys who provide free legal services to indigent persons.
 - a. Total number of attorneys in private practice who donated their services to the program during the previous calendar year. _____
 - b. Total number of attorney hours donated to the program during the previous calendar year. _____
 - c. Value of donated legal services. \$ _____
 - d. Explain the formula used to calculate the value of donated services.
2. The applicant provides legal representation, training, or technical assistance on matters concerning special client groups.

Special Client Group Served (e.g., elderly, non-English speaking, juvenile, disabled, etc.)	Nature of Assistance (Check all that apply)		
	Legal Representation	Training	Technical Assistance
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

III-B. Application for *Pro Bono* Allocation

Applicant Name: _____

To be completed only by programs applying for an additional allocation reserved for organizations that use volunteer lawyers as their principal means of delivering service. [See *Eligibility Guidelines 2.6.3.1, 2.9.3 and 2.9.4.*] Complete a separate Form III-B for each county for which you are applying for an additional allocation.

County: _____

Staffing Report for <i>Pro Bono</i> Projects	a. Number	b. Full-time Equivalents	c. Hours of Legal Services
1. Volunteer attorneys who donated legal services to the program in the previous calendar year.			
2. Volunteer paralegals who donated legal services to the program in the previous calendar year.			
3. Volunteer law students who donated legal services to the program in the previous calendar year.			
4. Staff attorneys who provided legal services in the previous calendar year.			
5. Staff paralegals who provided legal services in the previous calendar year.			
6. Paid law students who provided legal services in the previous calendar year.			

7. Do you have written documentation to support the hours reported on rows 1, 2 and 3?

☐ Yes ☐ No

- a. If yes, provide a description of your program's system for obtaining information about and maintaining records of donated hours of service by volunteer attorneys, paralegals and/or law students.
- b. If no, describe the method(s) used to calculate the reported hours. For example, if you rely upon estimates, provide the elements that were factored into the calculations.

8. For rows 4, 5 and 6, list all positions and their full-time equivalents. If you did not count all staff hours worked as legal services hours, explain the method used to calculate the figures in rows 4, 5 and 6 and describe the general nature of such non-legal services activities.

9. Is the number of hours in column c, line 1, larger than the number of hours in column c, line 4?

☐ Yes ☐ No

10. If the answer to question 9 is "no," please complete (a) through (e) below:

a. Add together the numbers in column c on lines 1, 2 and 3. **10(a)** _____

b. Add together the numbers in column c on lines 4, 5 and 6. **10(b)** _____

c. Divide the number on line 10(b) by 2. **10(c)** _____

d. Is the number on line 10(a) larger than the number on line 10(b)?

☐ Yes ☐ No

e. Is the number in column c on line 1 larger than the number on line 10(c)?

☐ Yes ☐ No

11. Unless you answered "yes" either to question 9 or to questions 10d and 10e, you must establish your eligibility for the additional allocation by some other method. In the space provided below, please explain why you believe your organization's *principal means of delivering legal services* is "the coordination of the recruitment of substantial numbers of attorneys in private practice to provide free legal representation to indigent persons or to qualified legal services projects in California." (Refer to the instructions for more information about this option.)

IV. Certifications for Legal Services Projects

Applicant Name: _____

The applicant hereby certifies the following:

1. It is a California corporation. (Enclose both a copy of the corporation's Articles of Incorporation certified by the California Secretary of State and a current Certificate of Status, dated July 1, 2008 or later, from the California Secretary of State.)
2. It is a nonprofit organization. (Enclose a copy of your determination letter from the Internal Revenue Service granting your application for exemption from the appropriate provisions of subchapter (f) of Chapter 1 of the Internal Revenue Code of 1954, as amended, and a copy of your determination letter from the State Franchise Tax Board granting your application for exemption from the appropriate section of the California Revenue and Taxation Code.)
3. It operates exclusively in California. (A project may be considered as operating exclusively within California if it is a part of an organization that operates other projects in or outside of the State of California as long as funds granted are expended in California and the project or organization is a California nonprofit corporation.)
4. It provides legal services. (Complete Form II-Summary Project Description, Form VII-Annual Case Summary Report, Form VII-A-Report on Self-Help, Education and Outreach Activities and Form VIII-Staffing and Volunteer Report for Legal Services Projects.)
5. It provides services without charge. (Enclose your program's complete income level criteria for determining an individual's eligibility for legal assistance.)
6. It provides civil legal services to the indigent without charge as its primary purpose and function. (Enclose audited or reviewed financial statement for the preceding fiscal year if gross expenditures are less than \$500,000. If gross expenditures exceed \$500,000, the financial statement must be audited. Also complete Forms X and XI.)
7. Under penalty of perjury, we, the undersigned, state that the information provided in response to the above statements is true and correct to the best of our knowledge.

Signature of Staff Director

Signature of Chairperson of Governing Board (or Alternate Board Officer and Title)

V. Assurances for Legal Services Projects

Applicant Name: _____

The applicant assures compliance with the following:

1. The applicant will use funds allocated by the Trust Fund Program only for the purposes set forth in Business and Professions Code §§6210-6228, and the corresponding State Bar rules and any additional amendments thereto.
2. The applicant will:
 - a. at all times honor the attorney-client privilege and will uphold the integrity of the adversary process;
 - b. not impose restrictions unrelated to statutes and rules of professional conduct on attorneys who provide representation to indigent clients with funds provided in whole or in part from the Trust Fund Program; and
 - c. not discriminate on the basis of race, color, national origin, religion, sex, disability or age.
3. The applicant will expend all funds allocated from the Trust Fund Program exclusively for services in California.
4. The applicant will expend all funds allocated by the Trust Fund Program exclusively on civil matters.
5. The applicant will expend all funds allocated by the Trust Fund Program exclusively on services to the indigent.
6. The applicant will use court-awarded attorneys' fees from cases funded through the Trust Fund Program to provide legal services without charge to indigent persons.
7. The applicant will expend all funds allocated by the Trust Fund Program exclusively for services in the county for which the monies were allocated. Allocations made by the Trust Fund Program will be based on a pro rata county-by-county formula.
8. The applicant will make significant efforts to utilize 20 percent of the funds allocated under this article for increasing the availability of services to the elderly, the disabled, juveniles or other indigent persons who are members of disadvantaged and underserved groups within the project service area.
9. The applicant will comply with quality control review procedures adopted by the State Bar.
10. The applicant will comply with fiscal management and control procedures adopted by the State Bar (Standards for Financial Management Systems and Audits).
11. The applicant will permit reasonable site visits or present additional information deemed reasonably necessary to determine compliance with the laws and rules governing the Legal Services Trust Fund Program.

Signature of Staff Director

Signature of Chairperson of Governing Board (or Alternate Board Officer and Title)

VI. Quality Control Review for Legal Services Projects

Applicant Name: _____

Check 1 or 2, if applicable.

- ☐ 1. Applicant has received a written quality control review from the Legal Services Corporation, the California Department of Aging or an Area Agency on Aging issued since January 1 of the previous calendar year. (*Enclose the most recent report.*)
- ☐ 2. Applicant has received a monitoring visit from the Legal Services Trust Fund Program in the calendar year ended most recently.

3a. Identify the case management system currently used by your program.

3b. How many years have you used the system?

3c. Do you plan to change or upgrade your case management system within the next year?

- 4. Describe the method by which all legal services staff is supervised. Provide information regarding supervisory personnel, case opening and closing oversight practices, frequency of case management meetings, etc. If there is only one staff attorney or the program only employs contract attorneys, explain how the attorney position(s) is supervised.
- 5. Describe the method by which volunteer attorneys, paralegals and law students are supervised. If your program does not actively supervise volunteers or review their work product, how do you ensure compliance with your program's quality control standards?